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|  **TEXAS WORKFORCE COMMISSION** **Waiver of Training**  **Trade Act of 1974, as Amended** | Petition Name:      |
| Petition No:      |  |
| Workforce Solutions Office:      | STATE:      |
| Worker’s Name *(Last, First, MI)*           | SSN:      ON FILE | TWIST ID:      |
| Address *(Number, Street, City or County, State, Zip Code)*           | Date of Request:      |
| **WORKFORCE SOLUTIONS OFFICE USE ONLY:**1. At this time, training is not feasible or appropriate due to:
2. [ ]  Worker in poor health: Application: 2002, 2009, 2011, or 2015 Trade Act petitions
 |

 (To receive Trade Readjustment Allowances (TRA), workers must meet able and available criteria.)

(2) [ ]  Enrollment not available: Application: 2002, 2009, 2011, or 2015 Trade Act petitions

(3) [ ]  Training not available: Application: 2002, 2009, 2011, or 2015 Trade Act petitions

Explain:

1. Determination:

1. [ ]  Approve Waiver Period: Effective Date (date of request):      Expiration Date (Saturday):

2. [ ]  Recommend Denial

3. [ ]  Recommend Revocation: Effective Date:

Denial or Revocation Reason (if applicable):

If approved, a waiver will cover only those weeks of your unemployment insurance (UI) or basic TRA claim that fall between the effective and expiration dates in 1 (b) above unless your circumstances change and the waiver is revoked. **You must contact your state merit staff every 30 days to review the status of a waiver. Failure to do so may result in your TRA claim being denied.** Your weekly basic TRA benefits will be denied for any week after the expiration date of a waiver unless you have enrolled in a Trade Adjustment Assistance approved training program or have been issued a new waiver. To receive basic TRA benefits while covered by a waiver, you must make the same number of work search contacts as required by your UI claim each week and continue your documented work search. If this number of required contacts changes, you will be notified in writing.

1. **I certify that I have read and understand the above recommendation and statement.**

**Signature (Workforce Solutions Office Representative) Signature (Worker) Signature (Merit Staff)**

 **Printed Name Printed Name Merit Staff Approval Date**

 D. Distribution: Original to **Workforce Solutions Office file**, one copy to **trade-affected worker.**

**If a denial or revocation is being recommended, this form will be submitted to the Texas Workforce Commission (TWC) for a decision. The decision will result in a written determination, which will be mailed to you. The determination will explain your appeal rights.**

#  Individuals may receive, review, and correct information that TWC collects about the individual by e-mailing open.records@twc.state.tx.us or writing to TWC Public Information, Rm 264, 101 East 15th, Austin, TX 78778-0001. TWC is

# an equal opportunity employer/program. Auxiliary aids and services are available, upon request, to individuals with disabilities.

WOT-1 (1215)

11/17/2016